

Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 11066
Richmond, Virginia 23230-1066
(804) 367-6166



Polygraph Examiners Advisory Board
INTERNSHIP COMPLETION & LICENSE EXAM FORM
Fee \$200.00

Note: If you are applying for examination as a federal employee or member of the military, pursuant to board regulation 18 VAC 120-30-90, you are not required to complete this form. Please complete the LICENSE/INTERN REGISTRATION APPLICATION.

Instructions:

Section A: The applicant must complete this section.

Section B: The intern supervisor must complete this section. This supervisor must be the same individual who signed the **Supervisor Endorsement Form** submitted with the applicant's original **License/Intern Application**.

Section A

1. Name _____
First Middle Last Generation (SR, JR, III)
2. Social Security Number * - -
3. Date of Birth _____
4. Street Address (PO Box not accepted) _____
City, State, Zip Code _____
5. Examination Date Requested _____ * See attached examination schedule.
6. Signature _____ Date _____

Section B

Supervisor's Name _____
First Middle Last Generation (SR, JR, III)

Supervisor's VA Polygraph Examiner License Number (if applicable) 1601

Supervisor's Business Address _____

City, State, Zip Code _____

Telephone & Facsimile Numbers _____
() - () - ()
Telephone Facsimile Beeper/Cellular

Dates of Internship From _____ To _____

I, the undersigned, certify that the above-named applicant has successfully completed a Polygraph Examiner Internship during a period of at least six months. I certify that during this internship, I provided personal and direct on-premise supervision of the intern and reviewed all the intern's charts prior to rendering any opinion or conclusion on any polygraph examination administered by the intern.

Signature _____ Date _____

* State law requires every applicant for a license, certificate, registration, or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	1601	LICENSE NUMBER	ISSUE DATE
-----------------------	------	-----	--------------	------	----------------	------------